



# Freedom of Information Act Fee Waiver Form (Indigency)

Connecticut Lottery Corporation

I, \_\_\_\_\_, of \_\_\_\_\_, Connecticut, request a fee waiver on the basis of indigency, for the reason(s) checked below:

I currently receive public assistance, which includes: state-administered general assistance; temporary family assistance; aid to the aged, blind, and disabled; supplemental nutrition assistance; or Supplemental Security Income; or

my current household income after taxes, mandatory wage deductions and child care expenses is one hundred twenty-five percent (125%) or less of the current federal poverty guidelines\* published in the Federal Register.

I understand that the Connecticut Lottery Corporation is relying on my statements above, and I certify that they are true and accurate to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

### \*2020 Federal Poverty Guidelines

Persons in family/household	Poverty guideline
1	\$12,760
2	17,240
3	21,720
4	26,200
5	30,680
6	35,160
7	39,640
8	44,120

For families/households with more than 8 persons, add \$4,480 for each additional person.